## 13031143798

FEC FORM 1

## STATEMENT OF ORGANIZATION

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NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M				
[FIRILIEINIDIS, ITIO]	ELECT DO	V, RIVERS, TO	P. CONO	3R,E,S,S, 1201,2]			
ADDRESS (number and street)	PO BOX 2	2625					
∏ (Check if address							
is changed)	SEATTLE		$\boldsymbol{\omega}_{\mathbf{A}}$	98122-0525			
		CITY	STATE	ZIP CODE			
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one	e-mail address)					
(Check if address	MISMICKY2	01266114114.	COM				
is changed)		111111111	1.1.1.1				
COMMITTEE'S WEB PAGE ADD	DRESS (URL)						
(Check if address		1111111	1111				
is changed)			<u> </u>				
2. DATE 11 25 2013							
3. FEC IDENTIFICATION NUMBER  C. O. O. S. I. 2. I. 3.7							
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)					
I certify that I have examined th	is Statement and to the be	st of my knowledge and belief	it is true, correc	t and complete.			
Type or Print Name of Treasurer MICKY PICKENS							
Signature of Treasurer	Duk S	whens	Date Z.	7 25 20./3			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)			

5.		TYPE OF COMMITTEE  Candidate Committee:					
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)						
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	Name Candid		DONOYAN LARIVERS				
	Candid Party	dete Affiliatio	Office State WA  DEM Sought: X House Senate President  District 0.7				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name Candid						
	Party	/ Com	mittee:				
	(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.				
	Politi	ical A	ction Committee (PAC):				
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:				
			Corporation Corporation w/o Capital Stock Labor Organization				
			Membership Organization Trade Association Cooperative				
٠			In addition, this committee is a Lobbyist/Registrant PAC.				
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
	٠		In addition, this committee is a Lobbyist/Registrant PAC.				
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Joint	Fund	raising Representative:				
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
		Comr	nittees Participating in Joint Fundraiser				
		1,					
		2.					
		3.	FEC ID number C				
_		4.	Complete Com				

I.		ı
FEC Form 1 (Revis	ed 02/2009)	Page 3
Write or Type Committee N	ame	
FRIENDS TO	ELECT DON RIVERS TO CONGRESS	2012
6. Name of Any Connected	ed Organization, Affiliated Committee, Joint Fundraising Representative, or I	Leadership PAC Sponsor
		1111111111
Mailing Address		
•		
	CITY STATE	ZIP CODE
<b>—</b>	acted Organization Affiliated Committee Joint Fundraising Representative  Identify by name, address (phone number optional) and position of the perso	<b>_</b>
books and records.	identify by fiame, address (phone fiamber optional) and position of the perso	in possession of committee
Full Name MIL	C,K,Y, ,P,1,C,K&,4S, , , , , , , , , , , , , , , , , , ,	
Mailing Address	[86,48,0,44,K,D,R,S,W)	
	$u_{i}v_{i}$ , $\tau_{i}$ , $\rho_{i}$	
	LAKEMODD WA	9,8,4,9,8]-[
Title or Position	CITY STATE	ZIP CODE
[CAMPAILGIN	MANAGER Telephone number 25	31-19,881-15,5,6,01
Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	the name and address of
Full Name of Treasurer	5 Λ, Β, Ες, Κ, , , , , , , , , , , , , , , , , ,	
Mailing Address		
		لـــا-لِــــا
Title or Position	CITY STATE	ZIP CODE
VACANT	Telephone number	<u> </u>

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Full Name of			
Designated Agent MICI	K, Y, P, I, G K, E, MS, , , , ,	<u> </u>	
Mailing Address	[8,6,4,8, 10,N,4,X, 1D,R, 15,	W	
	[U, M, I, T, D,		
	LAKEWOPP.	WA	98498 -
	CITY	STATE	ZIP CODE
Title or Position			E21 10 00 11 11 11 11 11
ASSIT JIKEA	S U RE R	Telephone number	531-19,8,81-15,5601
		· <u></u>	·
Banks or Other Depositori	es: List all banks or other depositories in whi	ch the committee deposits	funds, holds accounts, rents
safety deposit boxes or main			
Name of Bank, Depository,	etc.		
[GHA	SE BANK		
Mailing Address	40,1, 23, r.d AVE S		
	SEMTITLE	$\omega_{A}$	[9.8.1.4.4]-[
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
ــــــــــــــــــــــــــــــــــــــ			
Mailing Address			
	<u> </u>		
		ليا ليين	
	CITY	STATE	ZIP CODE

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(8/2013)